

ROUTINE RESPITE WITHOUT ROOM AND BOARD (RP2)

General Description:

Routine Respite without room and board (RP2) provides hourly and daily one-on-one and group routine respite care to give relief to, or during the absence of, the normal caregiver. RP2 does not include payment for room and board and is provided in the person's residence or other approved residential setting. This service may be provided in a facility-based program approved by DHS/DSPD or in the private residence of the RP2 provider, provided that it is rendered for a period of less than 6 hours per day.

Limitations:

The provision of RP2 in terms of duration and location will be based on the annual amount allocated by the DHS/DSPD's Region to the person/family and the person/family's preference. This code does not include payments for room and board.

In no case will more than four persons in home settings be served by the Contractor at any time, including the provider's own minor children under the age of 14 in the case of services rendered in a provider's home for less than 6 hours per day. If this service is rendered in a facility based setting for less than 6 hours per day, no more than 6 persons per staff member shall be served at any one time.

Population Served:

The Contractor will serve people currently receiving services from DHS/DSPD with mental retardation and related conditions (MR.RC), and acquired brain injury (ABI), as defined in Utah Administrative Code R539-1. <http://rules.utah.gov/publicat/code/r539/r539.htm>

Contractor's Qualifications:

Contractor must have all applicable licenses as prescribed in Utah Administrative Code R501 <http://rules.utah.gov/publicat/code/r501/r501.htm> to operate and provide the particular type of services being offered and comply with insurance requirements and any local ordinances or permits. A non-licensed contractor must be certified by DHS/DSPD as an authorized provider of services to persons with disabilities in accordance with Utah Code § 62A-5-103. <http://www.le.state.ut.us/~code/TITLE62A/62A05.htm>

Contractor must be enrolled as an approved Medicaid Provider with the Utah Department of Health and agree to allow DHS/DSPD to bill Medicaid on its behalf for covered Medicaid services included in the rate paid by DHS/DSPD to the Contractor. Contractor must also agree to participate in any DHS/DSPD provided Medicaid training.

Staff Qualifications:

All staff must demonstrate competency (in the services covered by the contract), as determined by the Contractor. In addition, all applicable education and training must be completed before the delivery of any supports to persons and before performing any work for persons without supervision.

The Contractor must ensure that Respite staff are trained in the Staff Training Requirements as outlined in applicable General Requirements, Home and Community Based Waiver, rule, statute, and contract.

Staff must pass a Bureau of Criminal Identification (BCI) background check through the DHS, Office of Licensing and have a record of the BCI results in the staff record. <http://rules.utah.gov/publicat/code/r501/r501-14.htm>

All staff rendering services under this code must be at least 18 years of age.

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Specific Training Requirements

All direct care and direct care supervisory staff shall receive specific staff training that prepares them to perform the critical job functions for this service and orients them to the person being supported by this service. Training shall be conducted by qualified trainers with professional experience and knowledge in providing services and supports to persons with mental retardation, related conditions and brain injury.

Staff shall complete and achieve competency in specific training areas 1 through 8 within 30 days of employment or before working unsupervised with a person. Competency for RP2 staff may include knowing where to find information or who to contact in case of a question or unusual event.

1. Medication competency:
 - a. Identification of medications and medication side effects specific to the person; and,
 - b. Recording and documentation of self-administration of medications.
2. Recognition of illness or symptoms of health deterioration specific to the person.
3. Dietary issues specific to the person.
4. Critical health care issues specific to the person.
5. Swallowing and eating difficulties specific to the person.
6. Preferences and non-negotiable routines specific to the person.
7. Significant functional limitations and disabling conditions specific to the person.
8. Contractor and Contractor's staff providing ABI services shall demonstrate competence or awareness in the following areas:
 - a. Effects of brain injuries on behavior;
 - b. Transitioning from hospitals to community support programs including available resources;
 - c. Functional impact of brain changing
 - d. Health and medication;
 - e. Role of the direct care staff relating to the treatment and rehabilitation process;
 - f. Treatment plan and behavioral supports; and,
 - g. Awareness of the Family's perspective on the brain injury.

Direct Service Requirements:

A. Person-Centered Planning: Contractor staff shall participate in and comply with the requirements of the DHS/DSPD Person-Centered Planning Process in providing services.

1. The Contractor is responsible for implementing the applicable portion of the Individual Support Plan's Action Plan (ISP/AP). The ISP document may include the following separate documents: Action Plan, Support Strategies, including Behavior Support Plan, Psychotropic Med Plan, Staff Instruction sheet, data collection and/or Task Analysis sheet.
2. Once the ISP/AP has been developed, the Contractor must orient the person to the portion of the plan that pertains to the Contractor and ensure the person is involved in its implementation.

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3. Contractor shall submit Monthly Summaries to DHS/DSPD.

4. When RP2 services are delivered to a person on a continuing basis, the Contractor, as a member of the person's Team, is required to meet at least annually (within 12 months of the last Person-Centered Process meeting) to review the person's service/support requirements and to make adjustments as necessary based on the person's needs. However, it may meet more often as determined by the person or other members of the team.

Staff Support:

Actual type, frequency and duration of support will be defined in the person's ISP/AP based on the person's assessed needs. Contractor shall serve no more than four persons per staff at any time for services rendered within the person's home or other approved residential setting. For services rendered within a provider's home for periods of less than six hours per day, Contractor shall serve no more than four persons at any one time including the provider's own minor children under the age of 14. If services are rendered in a facility-based setting for periods of less than 6 hours, then the Contractor shall serve no more than 6 persons per staff member at any one time.

Rate:

RP2 includes a daily and hourly rate. RP2 does not include payment for room and board. RP2 does not include payment for exceptional needs care. RP2 day rate equals six hours or more of respite services. Services rendered in a facility based setting or in the private residence of the RP2 contractor for a period of 6 hours or more (including overnight services) should be billed using the Routine Respite with Room and Board included (RP4) service code.

For overnight stays in the person's residence or approved residential setting, a Contractor may bill for the day the Contractor came and not the day the Contractor left if the Contractor is there less than 6 hours. The person must have a full six hours stay to qualify for a daily rate, i.e. five hours = quarter hour rate, six hours or more = daily rate, 24 hours overnight = one daily rate, 25 hours = one daily rate and four quarter hours, 30 hours = two days of daily rate.

Personal belongings (clothing, personal hygiene products) and medicine must be provided for and accompany the person and the Contractor is not responsible to provide these accommodations.